



Delaware Center for Health Innovation

patient/consumer advisory

MEETING INFORMATION

- Date: July 16, 2018
- Location: DHIN Dover Office, 107 Wolf Creek Blvd.
- Next Meeting: September (date/time TBD)

Attendees: Julane Armbrister-Miller, Kirk Dabney, Joanne Hasse (phone), Rita Landgraf, Jennifer Seo, Brian Olson, Tim Rodden

SUMMARY OF DISCUSSION

Call to Order

Welcome

- Committee Chairperson, Rita Landgraf, welcomed everyone.

Overview of Committee

- Committee Focus
 - Committee works to keep patient/consumer at center of transformation efforts
 - Committee issued white paper; provided review and feedback on work and strategies to DCHI, other DCHI committees, and DHSS; conducted targeted outreach (hospitals, places of employment, community settings, churches, Hispanic community, etc.)
 - Committee last met in Nov 2017 and took a pause while adjustments were underway, but DCHI remains committed to patient/consumer engagement. DCHI was created largely due to SIM being the catalyst for health transformation and funding to ignite the work. The funding was based with the Delaware Health Care Commission and did not come directly to DCHI, so was to align with the work of both groups but distinct. DCHI has had meaningful dialogue as a Board - remains driven by principles of healthcare transformation and committed to Triple Aim plus One.
- Re-Structured Support to Committee Work
 - Rita Landgraf will continue to provide leadership to sustain work
 - UD Partnership for Healthy Communities to provide in-kind staff support (Noel Duckworth) to committee and engage cross-college students, faculty and/or staff as needed and appropriate to accomplish advisory's objectives

DCHI Update

- Highlights of SIM for Committee to reflect on relative to our future focus
- Reviewed findings from State-Led Evaluation (Q1 02/18-04/18), which was an Independent evaluation and to provide the committee with an update via feedback from multiple stakeholders engaged in this work since SIM was initiated. Evaluation was a

multi-tiered approach. Stakeholder database is inclusive of committee members and people who sign-in to public meetings. Also included in the evaluation was public feedback, comments on line, and interviews. Evaluators are trying to grow the database, but challenge remains in getting contact info and going thru IRB for approval.

- Primary Drivers: Payment-reform, Practice Transformation, Healthy Neighborhoods, and Health Information Technology; (Note that stakeholder input relative to concerns about sources of DHIN funding were given prior to \$2M commitment from General Assembly this year to support a DHIN all-payers database that is mandated by State Code).
- Strategies currently underway as part of Healthy Neighborhoods:
 - Open Streets Dover - Funding was allocated in June for this pilot; Open Streets are programs that temporarily open streets to people by closing them to cars. By doing this, the streets become places where people of all ages, abilities, and backgrounds can come out and improve their health, promoting the use of public streets for recreation, physical activity, and connecting with neighbors and local businesses. Along the route, organizers plan a number of activity hubs designed to keep individuals active and engaged in moving along the route; 6 monthly Open Street events planned in central Dover through fall 2018; Planned by Chronic Disease/Healthy Living Task Force of Dover/Smyrna Healthy Neighborhood with implementation being led by Restoring Central Dover/NCALL and UD as lead for evaluation.
 - Engaging Homeless Individuals Using Community Health Workers – Identified by Behavioral Health Task Force of Dover/Smyrna Healthy Neighborhood Council; Partnering with Dover Interfaith Mission for Housing (DIMH) to expand and enhance access to services and support for homeless individuals living with behavioral health conditions by offering access to a locker in exchange for engagement in a one-on-one consultation with the DIMH CHW, with the goal of developing a person-centered action plan.
 - Play Streets Wilmington- “Play Streets” pilot initiative identified by the Wilmington/Claymont Healthy Neighborhoods Chronic Disease/Healthy Living Task Force and now being led by the City of Wilmington Parks and Recreation (staff and some Wilmington Summer Youth Employees); Funded by CCHS; After two “soft launch” events on Saturdays in June, a Play Street event is occurring every evening, Monday-Thursday rotating across 8 Wilmington neighborhoods during Summer 2018 for a total of 32 scheduled events (4 events per neighborhood); UD is providing in-kind evaluation support;
 - Peer Specialist Paid Internships – This initiative was put forth by the Behavioral Health Task Force of the Wilmington/Claymont Healthy Neighborhood to address gaps in the behavioral health workforce. Funding began in July and budget ends in January 2019. Mental Health Association will provide 8 paid interns a pathway to becoming a certified peer specialist by placing them at

treatment facilities to work 30-35 hrs. /week and complete 1,000 hours and supervision from on-site supervisor and group supervision. Interns to receive training and education on confidentiality, ethics, and other issues before taking certification exam.

- Domestic Violence Community Health Worker- The Wilmington/Claymont Behavioral Health Task Force is working with the Delaware Coalition Against Domestic Violence on a funded proposal that would support CHWs in referring victims to resources beyond those that are medical and clinical.
 - The Dover/Smyrna Behavioral Health Task Force has also proposed 2 strategies in review by CMMI: 1) To support access to care for individuals and families who are experiencing domestic violence through a Community Health Worker and High Risk Advocate, 2) Implement a pilot project that will bring together first responders (e.g., police, hospitals, etc.) and treatment providers on behalf of individuals who are experiencing acute behavioral health crises and their families.
 - Additional strategies have been proposed by the Sussex County Health Coalition and are being reviewed by CMMI for funding (ex. expanded school-based prevention strategies, utilizing Botvin Life Skills Curriculum for students in the Seaford School District; mental health access initiative as part of an integrated care model for youth with mental health needs.)
- Highlights of the “systemness” of the system
 - The perception is the approach is now more directive, and less collaborative. Given the changes in the system there seems to be confusion among some key stakeholders as to who is responsible for what, who is to be held accountable for DE SIM related work, and what role stakeholders have in the system.
 - Stakeholder engagement
 - Confusion regarding the value and desirability of broad stakeholder engagement.
 - perception that input that is not utilized or valued is affecting their willingness to make time for these activities
 - Knowledge management
 - It is not readily known among key system actors how much of what was learned and/or developed over the course of the first 3 years of DE SIM has been incorporated
 - Sustainability
 - According to stakeholders sustainability can be conceptualized by thinking about three issues:
 - Political will: change is difficult particularly when it involves complex systems like healthcare. But it is important for political

leaders to maintain their commitment once a decision to change has been made because there will be resistance to that change.

- Human capital: related to stakeholder engagement, it is important to recognize that after this fiscal year the current consultants will no longer be in place. It is important that there be stakeholders who are informed, willing, and able to take up the work once those consultants are gone.
- Financial capital: there needs to be a way to pay for the work, and for the initiatives being proposed to change the system. This highlights the importance of payment reform as a link to much of the other work that DE SIM is trying to accomplish (e.g., behavioral health integration). Without developing systems that can support the work financially it will be difficult for it to continue.
- Primary Care Legislation passed on June 28
 - The Legislation establishes the Primary Care Reform Collaborative to develop annual recommendations that will strengthen the primary care system in Delaware. The Health Care Commission must collaborate with the Collaborative to develop the recommendations.
 - Law states that, “Carriers shall provide coverage for chronic care management and primary care at a reimbursement rate that is not less than the Medicare reimbursement for comparable services.”
 - Time limited- sunsets in 3 years.
- Healthcare Consumer Focus Group
 - Focused on primary care experience of consumers; Preliminary meeting held before Primary Care roundtable; Feedback from focus group centered on access to care- challenges to access, wait time, lack of providers; Little knowledge among participants about how their individual providers were a part of transformation effort.
 - Special populations – real need to make sure we aren’t just looking at financial barriers but also physical and cultural barriers.
 - Examples provided by members in committee discussion: 1) Disability community advocates recently opposed “end of life options” DE bill because they feel there is a lack of respect and understanding of the needs of people with disabilities in the current system that would be even more amplified with the end of life bill. 2) Transgender patients are having to travel to PHL or BWI for specialists. Great need statewide and lots of effort and groundwork to pull together referrals.
 - Nemours provides a patients with disabilities-centered training to healthcare providers that could be replicated statewide
- Key take-away from committee members:
 - If those around table who are involved in this effort are having difficulty navigating system and accessing care, how do we make sure people who do not have access overcome barriers?
 - It is taking more work and sophistication for people to access healthcare, especially special populations

- It was acknowledged that strengthening primary care has to include patient experience
- More PAs and NPs are needed in Primary Care. We should quit pushing physicians into primary care and push auxiliary services instead. It was noted that the DCHI Clinical committee is looking at that for recommendations for a report they are doing for the primary care collaborative
- Independent SIM evaluation findings are validating. Healthcare providers felt that they were being talked to and not talked with. In the process of developing the road to value, many people from out of state came and talked to us, but there was not involvement of Delawareans in the process. Consumers had even less role than healthcare systems. This committee's role could be to be advocates. Patient also has a role in this discussion.

Review and Revise Charter

- DCHI has recommitted that this will remain a non-profit dedicated to the transformation of healthcare. Original goals of DCHI were to help sustain work beyond life of SIM. Consequently, DCHI will continue to serve as a convener of stakeholder engagement and will work to influence policy moving forward, anticipating an advocacy role.
- Who is charged with Patient education?
 - This committee includes patient education in its charter. Important for patients/consumers to understand what is at stake and provide input.
 - AB&C was also a vendor supporting patient education. Early phases began with aspirational messaging on where we wanted healthcare to be so patients would understand improvements DE was trying to make. More recently created a patient toolkit for how to access healthcare once insured. Simple booklet (infographic-based) and other tools and marketing tactics. Must provide consumers w/an actionable item.
- Committee was asked to review and provide feedback on purpose and core areas of focus, reflecting on current SIM evaluation findings, the discussion at today's meeting, needs of special populations, acknowledgement that engaging families is not a one-size-fits all approach, and the work of the committee moving forward relative to overall transformation
- Initial feedback:
 - equity needs to be more explicit in charter
 - Purpose should include key stakeholders as relative to policy in pediatric world, engage families too. Same w/Hispanic community and others. Not one size fits all. Based on how patient defines family.

Meeting Schedule

- Committee will plan to meet monthly in Dover beginning in September. Mondays are favorable.

Public Comment

- How do we attract doctors? Not enough PCPs, NPs, PAs. Need them to live here and build roots in DE.
- Overdose system of care- consider how that interacts w/paramedics
- What are standards of care? Cultural competencies? Do we have different standards? When providers do come together- do they participate in a simulation to build empathy

and understanding so they understand what it may feel like to not have an advocate or provider who knows your family history

- “We are all consumers” yet there remains stigma and lack of trust. We don’t need to tell each other private business or pinpoint one group to be exposed, but when no one else at the table is telling their story, it makes me feel exposed.

Response:

- Several issues raised are being addressed by DCHI Clinical Committee
- Understanding overlapping risk is critical. Ex. There are racial disparities in low birth weight deliveries, and African-Americans have a 50-60% higher chance of having cerebral palsy.
- A 3 hour poverty simulation is held at CCHS for residents
- DHSS is working w/AB&C and looking at a 2.0 version of Choose Health DE. Welcome discussion about how to help get messages out.

Next Steps

- ✓ UD Partnership for Healthy Communities/Noel - will set up September meeting date and location and send out meeting notes and powerpoint
- ✓ AB&C will share patient toolkit
- ✓ Committee members will review and provide feedback on Charter purpose and core areas of focus
- ✓ Next meeting to include agenda on collaboration with DHSS for Choose Health DE 2.0